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Witches, Midwives & Nurses

A History of Women Healers

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the College at Old Westbury—which was devoted at the time to "nontraditional" students, usually in their twenties or older, for the most part black and Hispanic—we had an opportunity to satisfy our curiosity. The campus was then a hotbed of political debate over class, race, gender, and "identity politics," with Florence Howe, who went on to launch the Feminist Press, working to develop what was one of the first women's studies programs in the nation. Encouraged by her and other colleagues, we created a course on women's health, which gave us an excuse to read up on the history of women and medicine.

There was not a lot to read at the time, the entire genre of books on "Women and . . ." having yet to be invented. Sometimes, in conventional histories of American medicine, we found tantalizing references to a time when women predominated as healers—but only as an indication of how "primitive" American medicine had been before the rise of the modern medical profession. What kept us going was the powerful reinforcement we were getting from our students, many of them practical nurses seeking RN degrees, who often brought with them memories and experiences of female healing traditions: we had midwives from the Caribbean, baffled by the then near nonexistence of midwifery in this country, women from European

immigrant backgrounds who could recall grandmothers who practiced lay healing arts, and African Americans who carried memories of an autonomous black midwifery tradition in the American south.

Sometime in 1972—and we are both hazy on exactly when—we were invited to attend a small conference on women's health held in rural Pennsylvania. This, it seemed, was our chance to test our emerging hypotheses on an audience of activists and a few fledgling scholars. We no longer possess the mimeographed outline of our findings that we took to the conference, but the central idea was that the medical profession as we knew it (still over 90 percent male) had replaced and driven out a much older tradition of female lay healing, including both midwifery and a range of healing skills, while closing medical education to women. In other words, the ignorance and disempowerment of women that we confronted in the 1970s were not longstanding conditions, but were the result of a prolonged power struggle that had taken place in America in the early nineteenth century, well before the rise of scientific medicine. We traced a similar power struggle in Europe back to the early modern era and, inspired in part by the wonderfully iconoclastic Thomas Szasz, we looked at how female lay healers of the same era were frequently targeted as "witches."

Conclusion

WE HAVE OUR OWN MOMENT OF HISTORY TO WORK out, our own struggles. What can we learn from the past that will help us—in a Women's Health Movement—today?

These are some of our conclusions:

- We have not been passive bystanders in the history of medicine. The present system was born in and shaped by the competition between male and female healers. The medical profession in particular is not just another institution which happens to discriminate against us: it is a fortress designed and erected to exclude us. This means to us that the sexism of the health system is not incidental,

not just the reflection of the sexism of society in general or the sexism of individual doctors. It is historically older than medical science itself; it is deep-rooted, institutional sexism.

- Our enemy is not just "men" or their individual male chauvinism: it is the whole class system which enabled male, upper-class healers to win out and which forced us into subservience. Institutional sexism is sustained by a class system which supports male power.

- There is no historically consistent justification for the exclusion of women from healing roles. Witches were attacked for being pragmatic, empirical, and immoral. But in the nineteenth century the rhetoric reversed: women became too unscientific, delicate, and sentimental. The *stereotypes* change to suit male convenience—*we* don't, and there is nothing in our "innate feminine nature" to justify our present subservience.

- Men maintain their power in the health system through their monopoly of scientific knowledge. We are mystified by science, taught to believe that

it is hopelessly beyond our grasp. In our frustration, we are sometimes tempted to reject *science*, rather than to challenge the men who hoard it. But medical science could be a liberating force, giving us real control over our own bodies and power in our lives as health workers. At this point in our history, every effort to take hold of and share medical knowledge is a critical part of the struggle—know-your-body courses and literature, self-help projects, counseling, and women's free clinics.

- Professionalism in medicine is nothing more than the institutionalization of male upper-class monopoly. We must never confuse professionalism with expertise. Expertise is something to work for and to share; professionalism is—by definition—elitist and exclusive, sexist, racist, and classist. In the American past, women who sought formal medical training were too ready to accept the professionalism that went with it. They made *their* gains in status—but only on the backs of their less privileged sisters—midwives, nurses, and lay healers. Our goal today should never be to open up the exclusive medical profession to women, but to open up medicine—to all women.

- This means that we must begin to break down the distinctions and barriers between women health workers and women consumers. We should build shared concerns: consumers aware of women's needs as workers, workers in touch with women's needs as consumers. Women workers can play a leadership role in collective self-help and self-teaching projects, and in attacks on health institutions. But they need support and solidarity from a strong women's consumer movement.

- Our oppression as women health workers today is inextricably linked to our oppression as women. Nursing, our predominate role in the health system, is simply a workplace extension of our roles as wife and mother. The nurse is socialized to believe that rebellion violates not only her "professionalism," but her very femininity. This means that the male medical elite has a very special stake in the maintenance of sexism in the society at large: doctors are the bosses in an industry where the workers are primarily women. Sexism in the society at large insures that the female majority of the health workforce are "good" workers—docile and passive. Take away sexism and you take away one of the mainstays of the health hierarchy.

What this means to us in practice is that in the health system there is no way to separate worker organizing from feminist organizing. To reach out to women health workers *as workers* is to reach out to them as *women.*